



2005 Michigan Youth Horse Racing Program **FAIR INFORMATION SHEET**

"Bringing yesterday's tradition of horse racing back to our youth"

Fair Name: _____

Fair Contact Name: _____
(Board Member or Manager)

Program Coordinator Name: _____
(Volunteer with horse experience)

Phone: _____

Address: _____

Email: _____

Fair Dates: _____

Date of Certification Clinic: _____ Start Time of Clinic: _____

Date of Race: _____ Start Time of Race: _____

Questions & Comments: _____

Please Return to: Michigan Department of Agriculture
Fairs, Exhibitions and Racing Division
Nicole Campbell & Melissa Rogers
P.O. Box 30017
Lansing, MI 48909